

# Best Available Copy

CLAIMS ONLY							Application Number		Filing Date							
							Applicant(s)									
* May be used for additional claims or amendments																
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT											
	Indep	Depend	Indep	Depend	Indep	Depend		Indep	Depend	Indep	Depend					
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49							99									
50							100									
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Total Depend							Total Depend									
Total Claims							Total Claims									